Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ **HAL070008** 03/09/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 143 ROSEDALE DRIVE WATERBROOKE OF ELIZABETH CITY **ELIZABETH CITY, NC 27909** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} This report is of a Followup Survey done by Bob Getchell on March 9, 2016. The followup survey revealed that all deficiencies have not been completed, therefore a new plan of correction is required. {C 166} Housekeeping-Maintained Free of Hazards {C 166} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility is not free from hazards. Loose, detached or raised exterior surface materials are in the exit path from and exit door. Followup Findings on 3-9-16 include: a. Special Care Unit Patio - There are tiles on the patio surface in the exit path that have become detached from the subsurface, are loose and/or raised above the horizontal plane of the patio. (50% complete) {C 175} Bedroom Furnishings-Clean Towel, Towel Bar {C 175} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (b) Each bedroom shall have the following

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	TH CITY 143 ROSE	DRESS, CITY, STATE, ZIP CODE DALE DRIVE TH CITY, NC 27909				
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{C 175}	furnishings in good resident: (7) individual clean bar in the bedroom (e) This Rule shall facilities. This Rule is not me 1. Based on observe provide individual behaving the required each room resident Followup Findings of a. There is not an individual the second resident using the second part of the second part o	repair and clean for each towel, wash cloth and towel or an adjoining bathroom; and apply to new and existing et as evidenced by: ation the facility has failed to athroom furnishings by not quantity of furnishings for on 3-9-16 include: adividual towel rack for each shared resident room complete)	{C 175}				
{C 184}	diagrammed drawir approval of the loca shall be prepared in central location on thome. The plan sharesident on admissionientation for all ne (f) This Rule shall a facilities. This Rule is not me 1. Based on observe provide in a central drawing approved to the shall and the shall a facilities.	PHYSICAL PLANT 09 PLAN FOR acuation plan (including a ang) which has the written all Code Enforcement Official and large print and posted in a each floor of an adult care all be reviewed with each on and shall be a part of the ew staff. apply to new and existing	{C 184}				

Division of Health Service Regulation

STATE FORM 6899 3F5J22 If continuation sheet 2 of 3

Division of Health Service Regulation

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED							
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WATERBROOKE OF ELIZABETH CITY 143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909											
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Continued From page 2		{C 184}									
the a potion of the building.											
a. There is not an e evacuation routes p	vacuation plan showing posted for the central corridor										
89) Building Equipment Maintained Safe, Operating		{C 189}									
10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e)										
1. Based on observ failure to maintain t alarm system devic operating condition Followup Findings of b. When activated t	ation and testing there is the facility's emergency fire es and equipment in a safe on 3-9-16 include: the central or master override										
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa the a potion of the b Followup Findings of a. There is not an e evacuation routes parea of the building Building Equipment SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition. (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Based on observer failure to maintain the alarm system device operating condition. Followup Findings of b. When activated the switches did not de-	PROVIDER OR SUPPLIER STREET AD ROOKE OF ELIZABETH CITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 the a potion of the building. Followup Findings on 3-9-16 include: a. There is not an evacuation plan showing evacuation routes posted for the central corridor area of the building. Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. Followup Findings on 3-9-16 include: b. When activated the central or master override switches did not de-energize the magnetic door	A BUILDING: HALO70008 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STREET ADDR	OF CORRECTION HALO70008 B. WING	OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: 01						

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